

RCRA C SITE IDENTIFICATION FORM; **Notification of Hazardous Waste Activity**

NH DES Waste Management Division-RIMS

PO Box 3900, Concord NH 03302-3900 (603) 271-2901 or (603) 271-2921

Shaded box for NH DES Office Use Only

EPA ID No.			HzV	VIMS					
1. Reason for Submittal and Effective Date	Enter effective date herethen check the correct box. □ To provide initial notification (to obtain an EPA ID Number for hazardous waste, including universal waste or used oil activities). To ensure that your notification is processed promptly, please include the \$100 fee (if applicable). □ To provide subsequent notification and/or update biennial reporting data (to update site identification information). Reason:								
2. Site Name	Company Name:								
3. Site Location Information	Street Address:								
	City or Town:		State:						
	County Name:		Zip Code:						
4. Site Land Type	☐ Private ☐ Federal ☐ Municipal		State [Other					
5. NAICS Code(s) (available at	A.	В.							
www.naics.com)	C.	D.							
6. Site Contact Person	First and Last Name:	Title:							
	Phone Number and Extension:	Email a	ddress:						
7. Site Mailing Address	Street or P. O. Box:								
	City or Town:								
	State:	Zip Code:							
8a. Legal Owner of the Site	Name of Site's Legal Owner:	Date Became Owner (mm/dd/yyyy):							
(List additional owners in the	Street or P. O. Box:	Phone Number:							
comments section.)	City or Town:	State:		Zip Code:					
	Owner Type: ☐ Private ☐ Federal ☐ I	 Municipal	□ State	e 🗆 Other					
8b. Legal Operator of the Site	Name of Site's Operator:	Date Became Operator (mm/dd/yyyy):							
(List additional operators in the	Street or P. O. Box:	Phone Number:							
comments section.)	City or Town:	State:		Zip Code:					
	Operator Type: □ Private □ Federal □ Municipal □ State □ Other								

		EPA ID No.							
9. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes.)									
A. Hazardous Waste Activities: 1. Generator of Hazardous Waste (Choose only one of the following four categories. Do not calculate Used Oil For Recycle toward your generator size.) NH Full Quantity Generator (FQG); Federal LQG Generate greater than 1,000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or generate in a calendar month or accumulate at any time 1 kg (2.2 lbs.) or more of acute hazardous waste NH Full Quantity Generator (FQG); Federal SQG Generate equal to or greater than 100 and not more than 1,000 kg/mo (220 − 2,200 lbs.) of non-acute hazardous waste NH Small Quantity Generator (SQG); Federal CESQG Generate less than 100 kg/mo (220 lbs.) of non-acute hazardous waste; or generate in a calendar month or accumulate at any time less than 1 kg (2.2 lbs.) of acute hazardous waste Not a Generator			In addition, indicate other generator activities that will affect how you are regulated. (Please check all that apply.) Precious Metal Recovery accumulated on -site (e.g., Silver) Emergency Temporary Generator (valid for 30 days) Household Hazardous Waste Collector Importer of HW from a foreign country Mixed Waste (hazardous and radioactive) Generator For Items 2 through 5, check all that apply. Please note that a hazardous waste permit or transporter registration may be required for activities in items 2 through 4. 2. Transport Hazardous Waste 3. Treat, Store, or Dispose Hazardous Waste (at your site) 4. Recycle Hazardous Waste (at your site) 5. Consolidate NH Small Quantity Generator Waste This site will accumulate waste from a NHSQG site owned by the same owner. (Please be sure that the box checked off in item 9A1 reflects the additional quantities of waste that will be received.)						
☐ This site does not presently ge	nerate hazaro	lous waste.							
B. Universal Waste Activities			C. Used Oil	Activities					
 1. Total quantity of Universal Waste on site at any time: □ a. Greater than 20,000 kg (44,000 lbs.); VLQH □ b. Greater than 5,000 kg but less than 20,000 kg (11,000 lbs to 44,000 lbs.); LQH 			 Used Oil Transporter - Indicate Type(s) of Activity(ies) □ a. Transporter □ b. Transfer Facility Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies) □ a. Processor 						
2. If you checked an item above, ple universal waste generated and/or acc (Check all boxes that apply.) a. Batteries			□ b. 3. Used (□ a. □ b.	Re-refiner Oil Burner Off-Specification	on				
b. Pesticides			Spec	Off-Spec	rketer - Indicate Type(s) of Activity(ies)				
c. Thermostats					a. Marketer who directs shipment of used				
d. Lamps					oil to a used oil burner b. Marketer who collects and blends or				
e. Antifreeze					processes used oil collected				
f. Mercury Containing Devices (excluding Thermostats)					c. Marketer who collects and distributes used oil collected				
g. Cathode Ray Tubes			 5. □ Used Oil Collection Center accepting used oil <u>other than</u> household "Do-It-Yourselfer" 6. □ Aggregation Point 						
☐ 4. Lamp handler intentionally crushing or dismantling lamps (Note: A hazardous waste permit is required for this activity.)									

	EPA ID No.	EPA ID No.							
10. Description of Hazardous Wastes. Please list the waste name (excluding universal wastes and used oil for recycling), source code,									
waste numbers and <u>estimated</u> monthly volume of the hazardous waste handled at your site. Use all waste codes for each waste stream. <u>Source codes can be found in Appendix A of your instructions</u> . Please use an additional page if more spaces are needed.									
Waste Name	Source Source				nated Monthly				
Waste I tallie	Code			L Stii	Volume				
		, , asc 1,	unio ens	(include	e unit of measure)				
				(111010101	<u> </u>				
 11. Certification Programs: All hazardous waste generators are required to be in a certification program. Please complete the appropriate certification program documentation A or B below. A. FQG Certification; Hazardous Waste Coordinator Certification: Please list the certificate number and name of your primary Certified Hazardous Waste Coordinator (HWC). 									
			Last Name	: :					
Cert. Number: 20 First Name: Last Name: if applicable*. * See instruction page 4 for SQG implementation schedule.									
12. Comments:									
13. Form Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.									
Signature of owner, operator,	Printed name of ov	wner, operator,	Official	Title	Date Signed				
or authorized representative	or authorized re	epresentative			(mm-dd-yyyy)				